

	Date S		Date Submitted:	
School or Organization Name	e:			
Affiliated Organizations (if a	pplicable):			
Date:	Time:		County:	
Location/Address:				
Contact:		Pos	sition/Title:	
Phone (Work)			(Cell)	
Mailing Address				
City		State:		Zip:
Email:				
Other officials or special atte				
Number of Attendees?				
School Visit Details:				

Please submit to:
The Office of the First Lady
FLScheduling@georgia.gov ■: 404.231.8621

⋈: 391 West Paces Ferry Rd. Atlanta, GA 30305